

(For new nonprovisional applications under 37 CFR 1.53(b))

First Named Inventor or Application Identifier

"EXPRESS MAIL CERTIFICATE"

"EXPRESS MAIL" MAILING LABEL NUMBER ER 430765480 US

DATE OF DEPOSIT: August 4, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

NAME OF PERSON MAILING PAPER OR FEE

(TYPE OR PRINT) Jeannette Y. Rayfield

SIGNATURE SIGN

Janette G. Rayfield

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 04-1928.
☒ General Authorization to charge any and all fees under 37 CFR 1.16 or 1.17, including petitions for extensions of time, relating to this application. (37 CFR 1.136(a)(3))
(Submit an original, and a duplicate for fee processing)
2. ☐ A Check in the Amount of \$ _____ is enclosed
☐ The Commissioner is hereby authorized to charge any additional fees required and credit any overpayment to Deposit Account 04-1928.

3. ☒ The total fee is calculated as shown below:
- | | |
|--|------------------|
| Basic Filing fee | \$ 750.00 |
| Total Claims $11 - 20 = 0 \times \$18$ | \$ 0.00 |
| Independent Claims $2 - 3 = 0 \times \$84$ | \$ 0.00 |
| <input type="checkbox"/> Multiple Dependent Claim present | <u>\$ 0.00</u> |
| TOTAL FILING FEE | \$ 750.00 |
| <input type="checkbox"/> Reduction by 50% for filing by Small Entity | \$ |
| <input type="checkbox"/> Cancel in this application original claims <u> </u> to <u> </u> of the prior application before calculating the filing fee. | |
- Charge \$ to the above indicated Deposit Account.

- | | | | |
|--|----------------------------------|----------------|----|
| 4. <input checked="" type="checkbox"/> | Specification excluding Drawings | [Total Pages] | 15 |
| 5. <input type="checkbox"/> | Drawing(s) (35 USC 113) | [Total Sheets] | |

6. ☒ Declaration and Power of Attorney [Total Pages] 4
- a. ☐ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 19a completed)
- c. ☒ Unsigned Declaration
[Note Box 6 below]
- i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the
prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

7. ☒ Application Data Sheet 37 CFR 1.76

8. ☐ Incorporation By Reference (useable if Box 6b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 6b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

9. ☒ The Title of the Invention:
METHOD FOR MULTI-COAT REFINISHING
OF SUBSTRATES

10. ☐ Nucleotide and/or Amino Acid Sequence Submission
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies
- d. ☐ Use the identical computer-readable form filed in Application No. _____, filed _____ as the computer-readable form for the instant application. (37 CFR 1.821(e))

ACCOMPANYING APPLICATION PARTS

11. ☐ Information Disclosure Statement (IDS)
 b. ☒ PTO-1449
 c. ☒ Copies of all IDS Citations
12. ☐ Assignment Papers (cover sheet & document(s))
13. ☐ Prior Application is Assigned to:
E.I. du Pont de Nemours and Company
(for continuation/divisional with Box 20a completed)
14. ☐ Preliminary Amendment
15. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
16. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
17. ☐ Transfer all references cited by Applicants or by the Examiner from the parent Application Serial No. filed_. A PTO-1449 listing the references is enclosed.
18. ☐ Applicant Claims Small Entity Status
19. ☐ Other :

20. **Priority Information**, check appropriate box and supply the requisite information

- a The accompanying application is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
Of prior application No: filed .
Examiner: Group/Art:

21. CORRESPONDENCE ADDRESS

- ☒ Customer Number: 23906

Address

E.I. du Pont de Nemours and Company

Telephone (302) 984-6058

Fax (302) 658-1192

22. *RESPECTFULLY SUBMITTED.*

Signature
Name

Hilmar L. Fricke

Date _____

August 4, 2003

Registration
No.

22,384

22240 U.S. PTO

10/634333



23. The Power of Attorney in the Prior Application includes: _____

☐ Recognize as Associate Attorney: _____
Attorney Registration No.
and address future correspondence to same as indicated in Box 21.

The invention was made by an agency of the U. S. Government or under a contract with an agency of the U. S. Government.

☒ No.

☐ Yes, the name of the U.S. Government agency and the Government contract number are: _____.

(preferred arrangement of specification set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (*if filed*)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		<p>Complete if Known</p>	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Application Number	
		Unknown	
		Filing Date	
		August 4, 2003	
		First Named Inventor	
		Guenter Berschel	
Examiner Name		Unknown	
Group / Art Unit		Unknown	
TOTAL AMOUNT OF PAYMENT (\$)		750.00	
		Attorney Docket No. FA1194 US NA	

<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <p>Deposit Account Number: 04-1928</p> <p>Deposit Account Name: E. I. du Pont de Nemours and Company</p> <p>The Commissioner is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account </p>					<p>FEE CALCULATION (continued)</p>																																																																																																																																																																																																																																																
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<p>2. EXTRA CLAIM FEES</p> <p> Total Claims 11 -20** = 0 X 18 = 0 Independent Claims 2 -3** = 0 X 84 = 0 Multiple Dependent <input type="checkbox"/> X 280 = 0 </p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$ 0.00)</td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p>					Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple dependent claim, if not paid		1204	84	2204	42	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$ 0.00)	<p>4. OTHER FEES</p> <p>Other fee (specify) _____</p> <p>SUBTOTAL (4) (\$ 0)</p>																																																																																																																																																																																																		
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1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																																	
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<p>SUBMITTED BY</p>				<p>Complete (if applicable)</p>	
Name (Print/Type)	Hilmar L. Fricke	Registration No. Attorney/Agent	22,384	Telephone	(302) 984-6058
Signature				Date	August 4, 2003

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METHOD FOR MULTI-COAT REFINISHING OF SUBSTRATES

Application No.: Unknown

Filing Date: August 4, 2003

First Named Inventor: Guenter Berschel

Group Art Unit: Unknown

Examiner: Unknown

Attorney Docket: FA1194 US NA

Utility Application Cover Sheet

Application – 15 pages

Form PTO 1449 with references

Declaration/Power of Attorney (not executed)

Fee Transmittal

Authorization to charge Deposit Account 04-1928

Postcards